

FILED

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA

2016 JUN -3 A 10:39

U.S. DISTRICT COURT
N.D. OF ALABAMA

Case Identification Number: #058601-095

Linda M. Jackson - PO Box 487
Aliceville, AL 35442

Bused R. Ear Drum, TIA M. n. State March 2014

(Enter above the full name of the plaintiff
in this action)

NOTICE TO FILING PARTY

*It is your responsibility to
notify the clerk in writing of any
address change.**Failure to notify the clerk may
result in dismissal of your case
without further notice.*

vs.

Aliceville FCI / SCP Camp
11090 Hwy 14
Aliceville, AL 35442

CV-16-NS-0926-1

(Enter above full name(s) of the defendant(s)
in this action)

Previous lawsuits

- A. Have you begun other lawsuits in state or federal court(s) dealing with the same facts involved in this action or otherwise relating to your imprisonment?
Yes () No (✓)
- B. If the answer to (A) is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuit(s) on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff: _____

Defendant(s): _____

2. Court (if Federal Court, name the district; if State Court, name the county) _____

3. Docket number _____

4. Name of judge to whom case was assigned _____

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____

6. Approximate date of filing lawsuit _____

7. Approximate date of disposition _____

Place of present confinement _____

A. Is there a prisoner grievance procedure in this institution?

Yes () No (~~Yes~~) (NOT SURE) (X)

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure? Yes (X) No ()

C. If your answer is YES:

1. What steps did you take? I Talked with Dr. Griffin, Nurse King, Nurse Ban, Nurse Bailey, Nurse Elderidge, Administrator Over Nursing Ms. ELI, I've Talk To The Warden, Camp Administrator Williams
2. What was the result? None.

D. If your answer is NO, explain why not: _____

III. Parties.

In item (A) below, place your name in the first blank and place your present address in the second blank.

A. Name of Plaintiff(s) Mrs. Linda M. Jackson

Address P.O. Box 487 - SCP Aliceville
Aliceville, AL 35442

In item (B) below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use Item (C) for the names, positions, and places of employment of any additional defendants.

B. Defendant Aliceville Prison FCI/SCP Camp

Is employed as Warden, Camp Administrator, Medical Administrator, Doctor
FCI/SCP Camp
at Aliceville, AL 35542 - 11090 Hwy 14

C. Additional Defendants Nurse Bailey, Nurse Ban, Nurse Eldridge,
Nurse Eli, Medical Administrator - Ms. Taylor

V. Statement of Claim

State here, as briefly as possible, the FACTS of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheets, if necessary.

I Kept on Complaining about how Sick I am, They Never Read my Medical Records
In March 2014, I had a T.I.A. went In Hospital, Back In Aug/Sept September 2015
Dr. Griffin Busted my (R) Eardrum, I Can't Hear out my Ear at All Much. I wrote the
Warden, Camp Administrator, They Both sent me a letter saying that They spoke with The Doctor
and they seen that my Eardrum was Busted, and come Nov 28, 15, I will see an Ear
specialist as of 6/1/16, I have not see a doctor yet, I Can't Hear out my right Ear. On
March 7, 2016 I Had a T.I.A. Mini Stroke In Food Services And Also In The Hospital 20 days.

I was suppose to have therapy on right side of my Body for 2 weeks in the Hospital I did, was sent Back ^{from} ~~for~~ The Hospital, therapy was to continue, But didn't, I was force. To go back to work, and still as of today, I'm back in food services, Still working the same Job. Still Having problem with not Hearing, I met with the Camp Administrator about seeing the Doctor for my Ear. She Told me, She would make sure They Schedule me RELIEF To see the Doctor, I seen the Camp Administrator on 5/31/16 and ask was I Scheduled to see Doctor for my @ Ear. She told me she forgot. But she will work on it.

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statues.

I Would Like for them, to Get my Ear fix, or repair, Nurse Eldridge said it was so much scar tissue, I would need a Hearing Aid to hear. I would like for them to pay for me Losing my Hearing in my @ Ear, and That They would sent me Home. so my medical Doctors can help me with The Mini States Stokes that I've had here in prison, where my whole right side, is weak, and my Bladder/Bowels are ~~Incontinent~~ Incontinent, and I'm very Sick and weak.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 1, 2016

Mrs. Linda M. Jackson #05861-0915
SIGNATURE

ADDRESS

P.O. Box 481-Satellite Camp, Aliceville
Aliceville, AL 35442

AIS # _____